

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2024
NAME OF PROVIDER OR SUPPLIER SUNNYBROOK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK ROAD RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 01/09/24 through 01/11/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #YY8K11. INITIAL COMMENTS	F 000			
F 580 SS=D	A recertification and complaint investigation survey was conducted from 01/09/24 through 01/11/24. Event ID# YY8K11. The following intake was investigated NC00210175. 4 of the 4 complaint allegations did not result in a deficiency. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		1/26/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/25/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, Physician Assistant interview, and Responsible Party (RP) interview, the facility failed to notify the RP when an antidepressant medication was discontinued for 1 of 1 resident reviewed for notification of change (Resident #12).</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on 2/21/23 with diagnoses which included major</p>	F 580	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F 580 Notify of Changes</p>		

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F 580	<p>Continued From page 2 depressive disorder.</p> <p>A physician order dated 8/18/23 for Resident #12 indicated sertraline (an antidepressant medication) 12.5 milligrams (mg) one time a day for depression.</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 11/25/23 revealed Resident #12 had severe cognitive impairment and was not coded for behaviors. Resident #12 was coded for depression and use of an antidepressant medication.</p> <p>A Physician Assistant (PA) visit progress note dated 11/29/23 revealed Resident #12's sertraline (antidepressant medication) would be discontinued because her mood was stable. There was no documentation regarding Resident #12's RP notification of the discontinuation of the antidepressant medication by the PA.</p> <p>A physician order dated 11/29/23 indicated Resident #12's sertraline 12.5 mg was discontinued.</p> <p>A PA progress note dated 1/1/24 revealed staff and family reported Resident #12 had agitation following discontinuation of the antidepressant medication (sertraline). The PA reported the antidepressant would resume at previous dose.</p> <p>A physician order dated 1/01/24 for Resident #12 indicated sertraline 12.5 mg daily for depression.</p> <p>A PA progress note dated 1/02/24 revealed Resident #12's RP was called to discuss reported concerns. The PA noted that Resident #12's RP reported she did not want the antidepressant</p>	F 580	<ol style="list-style-type: none"> 1. Resident #12's representative was not notified of a discontinuation of antidepressant medication. Resident #12's representative was updated on 1/3/24 during call with Physician Assistant. 2. An audit was conducted by the Director of Nursing/designee for current facility residents for the last 30 days of order changes to ensure notification to resident representative(s) was completed. Any residents noted to be affected will have resident representative notification completed. This audit will be completed by 1/24/24 3. All Licensed nurses will be educated by the Director of Nursing/designee on notifying the resident and the resident representative of changes and documenting notification in the electronic medical record. This education will be completed by 1/25/24. <p>New hires will be educated during Department Orientation.</p> <p>Audit of resident's order listing and 24/72-hour report will be reviewed in Clinical Morning Meeting (Monday- Friday) by the Director of Nursing/designee x 12 weeks to ensure that notification of changes to resident and resident representative(s) is documented in the resident's electronic medical record.</p> <ol style="list-style-type: none"> 4. Data obtained during the audit process will be analyzed for patterns and trends 		

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F 580	<p>Continued From page 3</p> <p>medication to be discontinued in the future and the PA noted she would not recommend dose reduction of the antidepressant in the future.</p> <p>An interview was conducted on 01/10/24 11:29 am with the Physician Assistant, who revealed based off her clinical judgement and the reduce medication burden, she discontinued Resident #12's antidepressant medication. The PA stated she observed Resident #12 to be stable and she did not get any feedback from staff that she was experiencing any depressive symptoms. Therefore, she discontinued the antidepressant medication on a trial basis. The PA stated she did not notify Resident #12's RP of the decision to discontinue the antidepressant medication and she believed it was the nurses' responsibility to notify the RP of medication changes.</p> <p>Record review of the nursing progress notes from 11/29/23 through 1/1/23 revealed no documentation that Resident #12's RP was notified the antidepressant medication was discontinued.</p> <p>A telephone interview was conducted on 1/09/24 at 10:21 am with Resident #12's RP who revealed the facility stopped Resident #12's antidepressant medication that she had taken for the past 13 years, and the facility did not notify her of the change. Resident #12's RP stated she visited with Resident #12 six days a week and had not been notified of the discontinuation of the antidepressant medication during any of her in person visits or via phone by any staff at the facility. The RP stated Resident #12 experienced increased anxiety and behaviors after the medication was stopped. The RP further stated had the facility contacted her prior to stopping the</p>	F 580	<p>and reported to</p> <p>The Quality Assessment and Assurance (QA & A) Committee by the Director of Nursing monthly x 3 months. At that time, the QA & A committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Director of Nursing</p>		

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F 580	<p>Continued From page 4</p> <p>medication or when the medication was stopped, she would have told them not to stop the medication.</p> <p>An interview was conducted on 1/10/24 at 1:25 pm with Nurse #1 who revealed the Unit Manager (UM) normally notified the RP of any medication changes. Nurse #1 stated that the normal process was when the UM was notified of a medication change by either a conversation with the PA or when the order was entered/verified in the medical record, they would notify the RP.</p> <p>During an interview on 1/10/24 at 1:27 pm with Nurse #2 she revealed she had worked at the facility for approximately 1 year and she stated the Unit Manager was the person that should have notified Resident #12's RP of medication changes.</p> <p>An interview was conducted with the current Unit Manager on 1/10/24 at 1:30 pm who revealed she was new to the facility and did not work at the facility when Resident #12's antidepressant medication was discontinued. The Unit Manager was unable to state why Resident #12's RP was not notified of the discontinuation of the antidepressant medication.</p> <p>An attempt to conduct a telephone interview with the previous Unit Manager on 1/10/24 at 9:00 am was unsuccessful.</p> <p>An attempt to interview the previous Director of Nursing on 1/10/24 at 9:03 am was unsuccessful.</p> <p>A telephone interview was conducted on 1/11/24 at 11:34 am with the Administrator who revealed Resident #12's RP should have been notified of</p>	F 580			

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F 580	Continued From page 5 the discontinuation of the antidepressant medication either by phone or in person and a note should have been entered in the medical record that the notification was completed. The Administrator stated during the morning clinical meeting medication changes were reviewed and progress notes were checked to make sure notification was made, but she was unable to state why Resident #12's RP was not notified of the discontinuation of the antidepressant medication.	F 580			
F 623 SS=C	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable	F 623		1/26/24	

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F 623	<p>Continued From page 6</p> <p>before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with</p>	F 623			

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F 623	<p>Continued From page 7</p> <p>developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to notify the Ombudsman in writing of the residents transfer to the hospital for 6 of 6 residents reviewed for hospitalization (Resident #67, Resident #71, Resident #16, Resident #65, Resident #61, and Resident #41).</p> <p>a. Resident # 67 was admitted to the facility on</p>	F 623	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

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F 623	<p>Continued From page 8 10/31/23.</p> <p>The nursing progress noted dated 11/10/23 at 3:42 pm revealed Resident # 67 was transferred to the hospital and returned to the facility on 12/11/23.</p> <p>Review of Resident #67's progress notes revealed there was no notification the Ombudsman was notified of the transfer to the hospital on 11/10/23.</p> <p>b. Resident #71 was admitted to the facility on 10/19/23.</p> <p>The nursing progress noted dated 10/27/23 at 3:42 pm revealed Resident # 71 was transferred to the hospital and did not return.</p> <p>Review of Resident #71's progress notes revealed there was no notification the Ombudsman was notified of the transfer to the hospital on 10/27/23.</p> <p>c. Resident # 16 was admitted to the facility on 5/18/18.</p> <p>The nursing progress noted dated 11/30/23 at 3:42 pm revealed Resident # 16 was transferred to the hospital and returned to the facility on 12/2/23.</p> <p>Review of Resident #16's progress notes revealed there was no notification the Ombudsman was notified of the transfer to the hospital on 11/30/23.</p> <p>d. Resident # 65 was admitted to the facility on 9/29/23.</p>	F 623	<p>F 623 Notice Requirements Before Transfer/Discharge</p> <p>1. Facility did not notify the Ombudsman in writing of the residents transfer to the hospital for Resident#67, Resident #71, Resident #16, Resident #65,Resident #61, and Resident #41. Notifications made to the Ombudsman on 1/24/24.</p> <p>2. All discharged resident have the potential to be affected. Ombudsman was notified on 1/24/24 of all facility discharges in the last 30 days by the Social Services Director.</p> <p>3. The facility Social Services Director and the Social Services Assistant were educated on the discharge reporting requirements, which include notification of facility discharges to the regional Ombudsman. Education was completed by Administrator on 1/24/24</p> <p>Audits will be conducted by the Administrator/Designee monthly times three months to assure compliance with notification to Ombudsman.</p> <p>New hires to the Social Services department will be educated during department orientation.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to The Quality Assessment and Assurance (QA & A) Committee by the Administrator</p>		

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F 623	Continued From page 9 The nursing progress noted dated 12/23/23 at 9:52 am revealed Resident # 65 was transferred to the hospital and returned to the facility on 12/27/23. Review of Resident #65's progress notes revealed there was no notification the Ombudsman was notified of the transfer to the hospital on 12/23/23. e. Resident #61 was admitted to the facility on 1/25/23. The nursing progress note dated 6/12/23 at 12:48 am revealed Resident #61 was transferred to the hospital. Resident #61 was transferred to the hospital during the previous shift on 6/11/23 and returned to the facility on 6/20/23. The nursing progress note dated 7/09/23 at 3:00 pm revealed Resident #61 was transferred to the hospital. Resident #61 was transferred to the hospital on 7/09/23 and returned to the facility on 7/26/23. The nursing progress note dated 9/19/23 at 10:32 pm revealed Resident #61 was transferred to the hospital. Resident #61 was transferred to the hospital on 9/19/23 and returned to the facility on 9/29/23. Review of Resident #61's progress notes revealed there was no documentation that the Ombudsman was notified of the transfers to the hospital on 6/11/23, 7/09/23, and 9/19/23. f. Resident #41 was readmitted to the facility on 6/27/23.	F 623	monthly x 3 months. At that time, the QA & A committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Administrator		

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F 623	<p>Continued From page 10</p> <p>The nursing progress note dated 12/15/23 at 1:11 PM revealed Resident #41 was transferred to the hospital from an outpatient appointment. Resident #41 was transferred to the hospital on 12/15/23 and returned to the facility on 12/28/23.</p> <p>Review of Resident #41's progress notes revealed there was no documentation that the Ombudsman was notified of the transfers to the hospital on 12/15/23.</p> <p>The Vice President (VP) of Operations was interviewed on 1/10/24 at 4:30 PM, and he revealed that the written notification to the Ombudsman upon transfer to the hospital was not able to found for Resident #67, Resident #71, Resident #16, Resident #65, Resident #61, and Resident #41.</p> <p>During a follow-up interview with the VP of Operations on 1/11/24 at 9:09 AM, he revealed that the Social Services Manager would email a copy of the discharge list to the Ombudsman at least monthly. He stated that the expectation was for the SSM to keep a copy of those notices. The VP of Operations indicated that he had contacted the Ombudsman directly, and they notified him that they had not received any documentation of discharges since July 2023.</p> <p>Attempts were made to contact the Social Services Manager, but she was unavailable during the investigation.</p> <p>The Administrator was interviewed on 1/11/24 at 11:36 AM, and she revealed that the Social Services Manager was supposed to notify the Ombudsman via fax or email of discharges/transfer notices monthly. That</p>	F 623			

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F 623	Continued From page 11 documentation should be kept in a record in the Social Services Manager's office. A copy of the transfer notification was usually sent with the resident upon transfer, or mailed if the resident was not present in the facility, which would also have been documented by the Social Services Manager.	F 623			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident, resident representative, or staff	F 887		1/26/24	

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F 887	<p>Continued From page 12</p> <p>member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;</p> <p>(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff the facility failed to include documentation in the resident's medical record to reflect education was provided regarding the benefits and potential side effects associated with vaccines for 2 of 5 residents reviewed for COVID-19 vaccination status (Resident #58 and #59).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, "COVID-19</p>	F 887	<p>F 887 COVID-19 Immunization</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

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F 887	<p>Continued From page 13</p> <p>Vaccine" revised on 10/2/23 read in part: "Residents and their representatives have the right to refuse the COVID-19 vaccine in accordance with Resident Rights requirements...The resident's medical record will include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal."</p> <p>1a. Resident #58 was originally admitted to the facility on 10/25/22 with diagnoses that include autism, white matter disease, and developmental disorder of speech and language.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated 10/5/23 revealed Resident #58's cognition was severely impaired.</p> <p>Review of Resident #58's medical records revealed no immunization documentation was included to reflect the Responsible Party (RP) or resident were provided education on the benefits and potential side effects of administering the COVID-19 vaccines or if the vaccine was contraindicated, administered, or refused.</p> <p>1b. Resident #59 was originally admitted to the facility on 12/6/22 and readmitted on 8/31/23 with diagnoses that include stroke, congestive heart failure, and hypertension.</p> <p>Review of the annual Minimum Data Set (MDS)</p>	F 887	<p>1. Resident # 59 was educated, and resident received the COVID 19 Vaccine on 1/19/24. Resident #58 and resident representative was educated, and the resident received the COVID 19 Vaccine on 1/19/24.</p> <p>2. An audit was completed by the Infection Preventionist of all current residents for COVID Vaccine status on. Any resident that was not up to date was educated and given COVID 19 Vaccine if applicable and declination completed for refusal. Audit completed 1/24/24.</p> <p>3. Education was completed by the Infection Preventionist/designee to all nurses on offering and documenting refusals, administration, and education of the COVID 19 Vaccine. Education was completed on 1/25/24.</p> <p>Audits will be conducted weekly x 12 weeks by the Director of Nursing/designee to ensure that newly admitted residents are educated and offered the COVID 19 vaccine and recorded in the Electronic Medical Record.</p> <p>New hires will be educated during department orientation.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to The Quality Assessment and Assurance (QA & A) Committee by the Director of Nursing monthly x 3 months. At that time,</p>		

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F 887	<p>Continued From page 14</p> <p>assessment dated 12/13/23 revealed Resident #59's cognition was intact.</p> <p>Review of Resident #59's medical records revealed no immunization documentation was included to reflect the Responsible Party (RP) or resident were provided education on the benefits and potential side effects of administering the COVID-19 vaccines or if the vaccine was contraindicated, administered, or refused.</p> <p>During an interview with the Vice President of Operations on 1/10/24 at 2:37 PM, he revealed that the current Director of Nursing (DON) provided the COVID-19 vaccination education information to Residents #58 and #59 in January 2023. However, there was not any documentation in their medical records to reflect this.</p> <p>An interview was conducted with the Infection Preventionist (IP) on 1/10/24 at 3:43 PM. She revealed that for all new admissions, admitting nurse was expected to offer all vaccination consents/refusals, and the IP would follow-up with the resident within 24 hours. The previous IP could not administer vaccinations because he was not a nurse. The IP indicated that all vaccination refusals with education provided should have been documented in the medical record.</p> <p>The Administrator was interviewed on 1/11/24 at 11:31 AM, and she revealed that there was a designee for new admissions (IP or Nurse) to gain the COVID-19 vaccine consent/declination form. If the resident was not alert and oriented, then the responsible party (RP) would be contacted. The Nurse would administer the COVID vaccine if consented. If the vaccine was</p>	F 887	<p>the QA & A committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Director of Nursing</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 887	Continued From page 15 declined, education would be provided to the resident/RP about the risks/benefits and sign the declination form. A witness would also have signed, and the document would be uploaded to the resident's medical record. The COVID vaccines were offered to Residents #58 and #59 by Nurse #1, who said that there were a lot of vaccine forms being offered at one time, and some of the papers were mistakenly lost. The declination forms for Residents #58 and #59 could not be found.	F 887		